Office on Smoking and Health

National Tobacco Control Program

Resource Document

As the lead Federal agency with responsibility for comprehensive tobacco prevention and control, the Centers for Disease Control and Prevention's (CDC) Office on Smoking and Health (OSH) maintains the National Tobacco Control Program (NTCP) to decrease the major preventable cause of death in the U.S. and protect the public's health from the harmful effects of tobacco use. The NTCP includes every state, the District of Columbia, as well as Pacific and Caribbean territories and jurisdictions, National Networks, Tribal Support Centers, and non-governmental organizations.

Background

Tobacco use remains the leading preventable cause of death in the United States of America. The 2004 Report of the Surgeon General concluded that smoking harms nearly every organ of the body and causes generally poorer health (1). For every person who dies of a smoking-attributable disease, 20 people suffer with at least one serious illness from smoking, including chronic bronchitis, emphysema, and heart disease (2). Estimates of annual smoking attributable economic costs are over \$167 billion (3).

In 2006, 45.3 million U.S. adults were smokers (4). Smoking prevalence remains high in many population segments, including adults of lower socioeconomic status and those with less education. The rate of decline in overall adult smoking prevalence has slowed in recent years, and rates of youth smoking are also declining more slowly (5). Additionally, secondhand smoke causes premature death and disease in children and

adults who do not smoke (6). Despite considerable progress in reducing exposure to secondhand smoke, many adults and children are still exposed.

The most effective way to reduce tobacco use and resulting morbidity and mortality is through comprehensive tobacco control programs fully implemented and sustained over time. *The Guide to Community Preventive Services* (7), the 2000 Surgeon General's Report (8), and CDC's *Best Practices for Comprehensive Tobacco Control Programs* (9) provide evidence-based recommendations and guidance for state tobacco control programs.

This evidence indicates that policy and population-based interventions that contribute to changes in social norms regarding tobacco use and exposure to secondhand smoke are the most effective approaches to reducing the burden of tobacco. Moreover, these strategies must be continued for sufficient time that their benefits reach the entire population (10). Recent research shows that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking, and the longer states invest in such programs, the greater and faster the impact (11,12).

The Office on Smoking and Health has funded health departments in states, territories, and the District of Columbia to build and maintain the capacity and infrastructure to implement evidence-based tobacco control programs as part of the National Tobacco Control Program. The forthcoming program announcement will extend the NTCP for five years, providing state health department tobacco control programs the guidance and resources to continue and sustain their efforts to reduce morbidity and mortality from tobacco use.

The purpose of the National Tobacco Control Program is to achieve four program goals through community interventions and mobilization, countermarketing, policy development and implementation, and surveillance and evaluation. The goals are:

- Prevent initiation of tobacco use among young people.
- Eliminate exposure to secondhand smoke.
- Promote cessation among adults and young people.
- Identify and eliminate tobacco-related disparities.

This program addresses the "Healthy People 2010" focus area of tobacco use.

The Office on Smoking and Health will collaborate with state and territorial health departments to gather indicators of program effectiveness. All funded states and territories will work with OSH to collect baseline indicators to measure program efforts during the first year of the Award. The same measures will be collected as followup to determine whether states and territories are achieving progress toward their goals. CDC will conduct a National Adult Tobacco Survey and a National Youth Tobacco Survey with state-specific estimates for all states and territories for indicators that require survey data. CDC will provide technical assistance to states and territories regarding other reportable data requirements for the baseline.

This document includes a list of resources based on the components of *Best Practices for Comprehensive Tobacco Control Programs*—2007.

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http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/index.htm

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Resources for Tobacco Control Programs

State and Community Interventions

The Guide to Community Preventive Services: What Works to Promote Health? New York; Oxford University Press; 2005. Available at: http://www.thecommunityguide.org/tobacco

Best Practices for Comprehensive Tobacco Control Programs October 2007. Atlanta: Centers for Disease Control and Prevention; 2007. Available at: http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practice_s/index.htm

State Data Highlights 2006. Atlanta: Centers for Disease Control and Prevention; 2006. Available at:

http://www.cdc.gov/tobacco/data_statistics/state_data/data_highlights/2006/index.htm

Sustaining State Funding for Tobacco Control: The Facts. Atlanta: Centers for Disease Control and Prevention;. Available at:

http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/sustainingstates/index.htm

State Activities Tracking and Evaluation System (STATE). Atlanta: Centers for Disease Control and Prevention; 2008. Available at: http://apps.nccd.cdc.gov/statesystem/

CDC Guidance for Collaboration with the Private Sector. Atlanta: Centers for Disease Control and Prevention; 1997. Available at: http://www.cdc.gov/od/foia/policies/collabor.htm

Health Communication Interventions

Designing and Implementing an Effective Tobacco Counter-marketing Campaign.
Atlanta: Centers for Disease Control and Prevention; 2003. Available at:
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The Role of the Media in Promoting and Reducing Tobacco Use. Bethesda MD: National Cancer Institute; 2008. Available at: http://www.cancercontrol.cancer.gov/tcrb/monographs/19/index.html

Entertainment: A Powerful Tool in Communicating Health Messages. Atlanta: Centers for Disease Control and Prevention; 2007. Available at: http://www.cdc.gov/tobacco/media_communications/countermarketing/entertainment/entertainment.htm

Cessation Interventions

Telephone Quitlines: A Resource for Development, Implementation, and Evaluation. Atlanta: Centers for Disease Control and Prevention; 2004. Available at: http://www.cdc.gov/tobacco/quit_smoking/cessation/quitlines/index.htm

A Practical Guide to Working with Health-Care Systems on Tobacco-Use Treatment. Atlanta: Centers for Disease Control and Prevention; 2006. Available at: http://www.cdc.gov/tobacco/quit_smoking/cessation/practicalguide.htm

North American Quitline Consortium. Quitline Minimal Data Set. Available at: http://www.naquitline.org/index.asp

Treating Tobacco Use and Dependence: Clinical Practice Guideline: 2008 Update. Rockville MD: Public Health Service; 2008. Available at: http://www.ahrq.gov/path/tobacco.htm

State Medicaid coverage for tobacco-dependent treatment—United States, 2006. MMWR. February 8, 2008 / 57(05);117-122. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5705a2.htm

Surveillance and Evaluation

Introduction to Program Evaluation for Comprehensive Tobacco Control Programs. Atlanta: Centers for Disease Control and Prevention; 2001. Available at: http://www.cdc.gov/tobacco/tobacco control programs/surveillance evaluation/evaluation_manual/index.htm

Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs. Atlanta: Centers for Disease Control and Prevention; 2005. Available at: http://www.cdc.gov/tobacco/tobacco control programs/surveillance evaluation/key out come/index.htm

Introduction to Process Evaluation in Tobacco Use Prevention and Control. Atlanta: Centers for Disease Control and Prevention; 2008. Available at: http://www/cdc.gov/tobacco/publications/index.htm

Evidence of Effectiveness: A Summary of State tobacco Control Program Evaluation Literature. Atlanta: Centers for Disease Control and Prevention; 2005. Available at: http://www.cdc.gov/tobacco/tobacco control programs/stateandcommunity/sustainingstates/index.htm

Evaluation Toolkit for Smoke-free Policies. Atlanta: Centers for Disease Control and Prevention; 2008. Available at: http://www.cdc.gov/tobacco

Question Inventory on Tobacco. Available at: http://apps.nccd.cdc.gov/QIT/QuickSearch.aspx

Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC). Available at: http://apps.nccd.cdc.gov/sammec/login.asp

Behavioral Risk Factor Surveillance System (BRFSS). Available at: http://www.cdc.gov/brfss

Youth Risk Behavior Surveillance System (YRBSS). Available at: http://www.cdc.gov/healthyyouth/yrbs/index.htm

Youth Tobacco Survey (YTS). Available at: http://www.cdc.gov/tobaco/data_statistics/surveys/YTS/index.htm

Pregnancy Risk Assessment Monitoring System (PRAMS). Available at: http://www.cdc.gov/PRAMS/

Administration and Management

Ending the Tobacco Problem: A Blueprint for the Nation. Washington DC: Institute of Medicine of the National Academies; 2007. Summary available at: http://www.americanlegacy.org/2259.aspx

Reducing Tobacco Use: A Report of the Surgeon General. Atlanta: Centers for Disease Control and Prevention; 2000. Available at: http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2000index.htm